

**New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services  
APPLICATION FOR LICENSURE – NEW VEHICLE**

*Complete a separate application for each vehicle*

<b>Trade Name of Service</b> (exactly as it appears on the vehicle)			
<b>Physical Address of Main Office</b>			
Street Address			
City, State, Zip Code			
<b>Name and Address of VEHICLE OWNER, if Different</b>			
Name/Corporation Name			
Address		PO Box Number or Suite Number	
City, State, Zip Code			
<b>Type of Vehicle License Requested</b> <i>(Check One Box Only)</i>			
<input type="checkbox"/> MAV \$100/\$50 <input type="checkbox"/> BLS \$100/\$50 <input type="checkbox"/> MICU \$100/\$50 <input type="checkbox"/> SCTU \$100/\$50		<input type="checkbox"/> BLS/SCTU \$200/\$100 <input type="checkbox"/> BLS/MICU \$200/\$100 <input type="checkbox"/> BLS/SCTU/MICU \$300/\$150 <input type="checkbox"/> MICU/SCTU \$200/\$100	
		<input type="checkbox"/> Helicopter \$100/\$50 FAA Tail No. _____	
<b>Type of Vehicle Body</b> <i>(Check One Box Only)</i>			
<b>Mobility Assistance Vehicle:</b> <input type="checkbox"/> Raised Roof Standard Size Van <input type="checkbox"/> Raised Roof Mini Van <input type="checkbox"/> Other (describe): _____		<b>Ambulance:</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III	
<b>Insurance Information</b>			
Name of Insurance Carrier		Policy Number	
Broker Name		Telephone Number	
<b>Vehicle Information</b>			
License Plate	Full VIN		Vehicle Recognition Number
<b>Manufacturer Information</b>			
Make of Vehicle Chassis		Year Chassis was Manufactured	
Make/Converter of Vehicle		Year Vehicle was Converted	
Name of Applicant (Print)		Title	
Signature		Date	

**A NON-REFUNDABLE certified check or money order must accompany each set of applications.**  
 Make the check or money order payable to: **"Treasurer State of New Jersey."** (Government agencies do not pay fees.)  
 (A through L companies pay 1<sup>st</sup> fee in odd numbered years and 2<sup>nd</sup> fee in even numbered years.  
 M through Z companies pay 1<sup>st</sup> fee in even numbered years and 2<sup>nd</sup> fee in odd numbered years.)

<b>FOR STATE USE ONLY:</b>	Amount of Check	Check Number	Transmittal Number
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